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HOMELESSNESS

RECOMMENDATIONS FOR STATE ACTION

November, 1986

Governor's Advisory Board on the Shelter, Nutrition and Service Program for Homeless Persons

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GLOSSARY OF ACRONYMS

DECD	Department of Economic and Community Development
CDA	Community Development Administration
DET	Department of Employment and Training
JTPA	Jobs Training Partnership Act
DHR	Department of Human Resources
SSA	Social Services Administration
DSS	local departments of social services
CSA	Community Services Administration
IMA	Income Maintenance Administration
AFDC	Aid to Families with Dependent Children
EA	Emergency Assistance
GPA	General Public Assistance
MA	Medical Assistance
MASO	Medical Assistance State Only
DHMH	Department of Health and Mental Hygiene
JSA	Juvenile Services Administration
MHA	Mental Health Administration
DPSCS	Department of Public Safety and Correctional Services
DOC	Division of Correction
DVR	Division of Vocational Rehabilitation (Department of Education)
OA	Office on Aging

INTRODUCTION

The following recommendations have been developed by the Governor's Advisory Board on Shelter, Nutrition and Service Programs for the Homeless. The Board, which consists of members from each congressional district, is a varied group of representatives from community agencies, charitable organizations, private provider groups, and interested citizens.

Charged with the responsibility for advising the Department of Human Resources on issues concerning Maryland's homeless citizens, the Board has defined nine major objectives in the State's efforts to prevent and substantially reduce homelessness Each objective is accompanied by specific recommendations for action by the State, individual service agencies and local governments. While some of the recommendations involve new initiatives with fiscal implications, others involve strengthening efforts already underway, removing barriers to services, or realigning existing resources. Wherever possible, the Board specifies the quantities of service needed and costs of implementation.

Recommendations are based on the findings of the 1985 statewide Study of Homelessness in Maryland, testimony from the public hearings conducted throughout Maryland during 1984 and 1985 by the Governor's Board, a review of current literature and programs in other states, and discussions with program managers and other professionals in the field.

The Board's recommendations are intended to:

- assist the State in setting priorities
- establish the role of state and local governments
- clarify agency responsibility
- identify cross-cutting issues and areas in which interagency coordination is needed
- guide future budget and planning decisions

Because of recent cost-saving measures leading to the withdrawal of federal support from a number of social programs, state and local governments and the private sector have had to assume primary responsibility for the nation's poor. Many federal programs for low-cost housing, rent subsidies, employment, income and medical benefits, and food — all of which are crucial for the prevention of homelessness — have been severely cut back or eliminated; and, unless the void in funding and service delivery can be filled, the homeless population will continue to grow at the alarming rates cited in the 1985 statewide study.

The Board recognized that state fiscal resources are limited and certainly inadequate to solve all of the many problems contributing to homelessness.

However, with carefully coordinated planning based on new information gathered in the 1985 statewide study, it should be possible for the State in cooperation with local governments and the private sector, to make steady progress over the next few years.

It is the hope of the Governor's Advisory Board that these recommendations will provide realistic guidelines for action to be taken by government agencies and private groups now sharing responsibility for Maryland's homeless and potentially homeless citizens.

UNDERLYING ASSUMPTIONS

- All Maryland citizens have a right to decent housing.
- Homelessness is not an isolated phenomenon, but is fundamentally related to poverty and housing problems. The recent dramatic increase in numbers of homeless people demonstrates the inadequacy of social programs in dealing with these issues.
- The homeless population will continue to increase, despite a recovering economy, until federal, state, and local governments expand their efforts to eliminate the causes of homelessness.
- The State must assume responsibility for developing and implementing long range programs to help its homeless and potentially homeless citizens. The private sector cannot continue to bear the major burden of planning and funding programs to deal with such a massive problem.
- There is no single solution to the problem of homelessness. The homeless population is diverse and must have a wide variety of coordinated housing options and support services to answer varying needs.
- Being without shelter is the most extreme form of deprivation in a society, and is likely to jeopardize a person's physical and mental health.
- The goal of the State Homeless Program should be reintegration of homeless persons into the community, with jobs for all employable citizens and adequate support for those who are unable to work.

KEY RECOMMENDATIONS

- ✔ A Homeless Prevention Initiative (Objective 1)
- ✔ Increased funding for the Governor's Housing Initiative — $22 million (Objective 5)
- ✔ Creation of Local Boards on Homelessness (Objective 9)
- ✔ Increased funding for emergency and transitional housing ($3.5 million) and supportive housing (Objectives 2, 3, 4)
- ✔ Employment and Training Programs targeted to the homeless (Objective 7)
- ✔ Expanded funds for food and nutrition programs (Objective 2)
- ✔ Development of an Interagency Housing Team (Objective 5)
- ✔ Increased case management services for the homeless (Objective 6)
- ✔ State assumption of responsibility for health and mental health care of the homeless (Objective 8)
- ✔ Reallocation of mental health care dollars from State hospitals to community-based facilities (Objective 8)
- ✔ Development of crisis intervention health care teams (Objective 8)
- ✔ Establishment of Interagency Planning and Policy Group on Homelessness (Objective 9)

OBJECTIVE 1 To expand resources for the prevention of homelessness, and investigate possible changes in policies contributing to homelessness.

Of all the recommendations the Board offers here for dealing with the problem of homelessness, the following preventive measures are, ultimately, the most effective and the least costly for society and the individual. It is unfortunate that, at present, most programs are designed to respond to emergencies rather than prevent them. Though it costs approximately five times an average month's rent to provide one month's emergency shelter for a family of three, the federal government has chosen to cut back its programs for subsidized housing, rental assistance, job-training and employment, food stamps, and other benefits which would help prevent homelessness for a majority of the people currently served by emergency shelter facilities in Maryland.

Almost any program or service which reduces poverty or assists the poor will, at the same time, reduce the likelihood that people will become homeless. Therefore, the Board strongly supports the expansion of existing programs and the establishment of new ones to provide employment, income, and benefits for those who need them, as well as a variety of programs to prevent eviction and assist with relocation. The development of low cost housing, which is in short supply in every jurisdiction, is essential for the more than 400,000 Marylanders living in poverty, and is discussed in more detail in Objective 5. For high risk populations needing specialized services as well as benefits and housing, the cost of preventing homelessness may be greater than for the majority of poor people who simply need adequate incomes and affordable places to live. However, whether costs are calculated in dollars or measured in terms of human suffering and destructiveness to society, "an ounce of prevention is still worth a pound of cure."

RECOMMENDATIONS

The Board recommends the passage of a Homeless Prevention Initiative which will do the following:

- *expand and improve utilization of rental assistance programs, such as Emergency Assistance (EA) administered by DHR in each jurisdiction.* The EA program, which provides grants to pay back rent and utility bills for people who have received eviction notices, is under-utilized in many jurisdictions, and should be given wide publicity as an important resource for people on the brink of homelessness. The State allows up to $6 million for the Program as a whole, and does not specify limited amounts for individual jurisdictions. The Board recommends that the Income Maintenance Administration (IMA) work to improve public understanding and statewide utilization of this program.
- *expand existing EA grants* to include payments for up to 60 days of emergency shelter, furniture storage for up to 30 days, advance rent and security deposits based on one month's rent, moving expenses, and back rent for up to twice the current monthly rent.
- *increase AFDC and GPA grants* to reflect current costs of living and inflation. Although grants have increased steadily in Maryland, the level of funding has not kept up with inflation. Current AFDC benefits, supplemented by food stamps, provide only 78% of the income required for a minimal living standard; and GPA grants for single disabled adults are even lower, meeting only 58% of the Standard of Need when combined with food stamps.
- *provide displacement counseling* in local departments of social services, housing authorities and community action agencies for homeless people and those in danger of becoming homeless through eviction, natural disasters, gentrification, and condominium conversion. A model program in Montgomery County, The Housing Information Center, currently offers these services to prevent homelessness.
- *encourage more local governments to participate in the GPA-E Program in jurisdictions where unemployment is above the national average.* GPA-E, which provides $164 per month for destitute employable people, is currently available in only the three jurisdictions where local governments have provided the required 50% of funding.
- *expand the federal government's Aid to Families with Dependent Children — Unemployed Parents (AFDC-UP) with State funds and put pressure on the federal government to ease restrictive eligibility requirements.* Young parents just entering the job market, though they may be among the first laid off of work because of lack of seniority, are often ineligible for AFDC-UP, which requires applicants to be employed for 6 of the last 13 quarters.

The State should implement the recommendations of the Maryland Housing Policy Commission to increase funding for the Governor's

Comprehensive Housing Initiative by $22 million, in order to bring the level of funding for FY 88 to $60 million. *(see Objective 5)*

Operation Match is a successful home-sharing program which places people in need of housing with those who want to share their homes. Funded by local dollars and some community block grant money, the program has been particularly effective in Montgomery County, where over 1,000 people have been matched. In order to prevent homelessness, this resource should be available statewide to low income people, especially those in overcrowded or otherwise untenable living situations.

The State must restructure existing programs and develop new ones to address the need for *job-training and employment opportunities for homeless* and potentially homeless people. *(see Objective 7)*

The State should ensure *adequate food distribution and feeding programs* for low income persons, thus enabling them to use a larger percentage of their limited incomes for housing. *(see Objective 2)*

The State should seriously consider the need for a *comprehensive health plan for uninsured and under-insured persons. (see Objective 8)*

As demands on existing programs increase, staffing needs expand. Administrative costs should be assessed realistically to assure that valid projects will not fail for lack of personnel to implement them.

OBJECTIVE 2 To develop a strong emergency response to homelessness throughout the State.

When a person becomes homeless, emergency shelter and food are the most immediate needs, critical for survival. The State Homeless Program is working to ensure that these needs are met for every homeless person in Maryland. Since 1984, when the Program was initiated, funding has increased and gains have been made in the delivery of emergency services to the homeless. However, as the Statewide Study of Homelessness indicates, gaps still exist in all jurisdictions in Maryland, leaving about 2,000 homeless people without shelter *on any given night*.

The emergency facility should be seen as a first stop on the way to whatever degree of independence is possible for an individual or family — a necessary response to a crisis, but not a permanent, institutionalized solution. Therefore, a variety of case management services and referrals for benefits and social programs should be available at all emergency facilities to help homeless people break out of the cycle of homelessness as quickly as possible.

Because emergency shelters have short-term residencies, and because many are closed during the day, residents spend much of their time on the streets. Daytime drop-in centers, which exist in only a few Maryland jurisdictions, should be available wherever they are needed as refuges from the hardships and deprivation of street life.

While H.B. 1415, which created the State Homeless Program, has provided funding and established an essential framework for action, government has remained the minority partner in the funding, planning, and delivery of services to the homeless. Non-profit charitable and religious groups bear 68% of the burden, with the state, local and federal governments together funding approximately one-third of all services to homeless people.

RECOMMENDATIONS

✓ *The State should substantially increase year-round funding for the DHR Homeless Services Program so that emergency shelter can be provided at all times in all jurisdictions.*

The 1985 statewide study of Homelessness in Maryland has found that people are homeless year-round in every Maryland jurisdiction, both urban and rural, and that a *minimum* of 200 people per night are turned

away from emergency shelter facilities because of a shortage of appropriately designated beds. In addition, an estimated 1700 homeless persons do not even apply for shelter, often because none exist in their areas. With twenty-one jurisdictions reporting a need for more beds for single adults, and sixteen needing more beds for families, the State should plan to provide at least 150 new emergency beds and 100 transitional beds (see Objective 3) throughout Maryland during the next two years (approximate operating costs: $2 million over and above FY 87 funding). Currently, funds for emergency shelter are available primarily during the winter months, a limitation which implies that being without shelter is an acceptable condition in warm weather. The Board recommends that future funds for emergency shelter be allocated throughout the entire year. The State should allocate approximately $250,000 to assist with capital costs in the development of three day-time drop-in centers for homeless people where they are most needed. Because most jurisdictions do not have such facilities, homeless people must wander the streets during the hours when night shelters are closed.

A model day shelter in Atlanta, Georgia, provides — in addition to food, clothing, and showers — pre-vocational training and employment assistance, transportation, legal counsel and referrals.

✓ *During the next two years, the State should assist with "capital expenditures" for the development of three new emergency shelters for families in crisis (approximate cost: $500,000).*

A recent national report states that families are the fastest-growing segment of the homeless population, and that homeless children will soon outnumber adults. Despite the fact that families already make up 28% of Maryland's homeless, eleven jurisdictions have no shelters for two-parent families, and eight lack facilities for single-parent families.

The State Homeless Services Program should develop an Alternative Sheltering Program similar to one in Massachusetts which provides emergency housing to the homeless without formal shelters. Many charitable groups already have alternative shelter arrangements for homeless people in church basements and vacant rooms. With State funding (approximately $200,000), local non-profit organizations could obtain small grants to provide additional beds, staff to coordinate volunteer programs, and housing counselors to assist with placement in permanent housing. Further, these small grants could be used as seed money for matching grants to obtain funding from other sources.

The IMA should examine the eligibility criteria for the Emergency Assistance (EA) Program to improve access for homeless persons. The current EA Program is not generally accessible to homeless people because eligibility guidelines stipulate that applicants must present proof of previous stable living arrangements in order to receive rental assistance. The Board recommends that the EA Program waive that requirement and allow shelter and service providers to provide documentation that validates an applicant's need for benefits. In addition, the Board recommends that EA grants be increased. In view of the rising costs of rent and the disproportionately high cost of the first month's rent (with utility and rent deposits), the current EA grant of $200 for the first grant and $100 for the second is inadequate.

BATTERED SPOUSES *The Board supports the goal of the Women's Services Program to develop emergency programs for battered spouses in all jurisdicitions.* Such programs should provide shelter with intensive therapy, housing and legal counseling, pre-vocational programs, transportation to services and employment, and day care. The Board recommends that DHR re-examine the law that created the Battered Spouse Program, and proffer legislation that would ease the restriction limiting services to women abused by a spouse, so that unmarried abused women may also be eligible for assistance under this program.

ELDERLY PEOPLE Possibly the most vulnerable of all homeless people, the elderly are often the victims of violence on the streets and in shelters. Frail, disabled, and relatively defenseless, they require special attention to health care and nutrition in a more protected environment than standard emergency shelters can offer. Therefore, *the Board recommends the development of special age-segregated shelters and daytime drop-in centers with medical, nutritional, and case management services.*

The OA should consider assessing the needs of elderly homeless people and including them in existing agency programs, particularly Eating Together and Sheltered Housing.

MENTALLY ILL AND DEVELOPMENTALLY DISABLED PEOPLE *(See Objective 6)*

YOUTHS Given the increase in the number of runaways and adolescents forced to leave their homes, *DHR/SSA and DHMH/JSA should expand facilities with specially-trained counselors for this group.*

Because many homeless youths have been exploited and abused by adults, they may be distrustful; and aggressive outreach services, using street workers and mobile vans, are needed to engage their participation in programs. An effective youth program requires a full range of services, such as mental health and health care, drug and alcohol counseling, sexual abuse treatment, and education vocational training, as more and more homeless young people are turning to prostitution and drug sales in order to survive.

SUBSTANCE ABUSERS *The State should expand existing residential and rehabilitative programs for alcohol and substance abusers.* Shelter providers in public hearings report that such facilities are inadequate and generally have waiting lists. Most emergency shelters are unable to handle, and will not accept, intoxicated or active substance abusers. The Alcohol Abuse Administration and the Substance Abuse Administration should accept greater responsibility and mount more aggressive outreach campaigns for homeless alcohol and substance abusers.

The DHR and the DECD should initiate a cooperative program to develop emergency housing in privately owned buildings. In a model program in Westchester County, NY, the New York Department of Social Services identifies under-utilized, deteriorating buildings and offers low-interest loans from the State to the property owner for renovation. The owner must agree to rent these renovated apartments to the New York Human Resources Department for use as emergency housing and, after a specified period, must make them available to public assistance families at affordable rents. The New York Housing Department assists in this program by determining how much income is required to cover the owner's probable costs of repairs to property.

The DHR and CECD should jointly contract with non-profit groups or individuals to provide technical assistance to those interested in starting new facilities for homeless people. A model program in Chicago's Department of Human Services provides legal counsel, and assistance with all facets of planning, acquisition, and funding and support services for new facilities.

Local governments in all jurisdictions must be responsible for assessing the emergency needs of their local homeless populations and planning an adequate response. Such community-based planning could be conducted by a *local homelessness board in each jurisdiction.* DHR SSA should assume responsibility for encouraging the development of these Boards. (See Objective 9)

Neighboring jurisdictions, where problems may be similar and resources somewhat limited, should work together to develop regional programs and emergency facilities. In Southern Maryland, where no formal shelter facilities exist, the counties could benefit by pooling knowledge and resources for the development of needed services.

✓ Because homeless people, and many of those living in poverty on the brink of homelessness, depend on emergency food programs for their meals, *the Board supports recommendations by the Governor's Task Force on Food and Nutrition that funding for these services be increased.* With the growth of poverty in Maryland, the number of emergency food kitchens has doubled during the last three years; and there is a need for still more facilities with expanded hours of operation. The State should also expand the delivery of government food services to poor people by increasing the subsidies and improving outreach for the school breakfast and lunch programs, food stamps, and WIC, a program providing emergency food to pregnant women and their children under five years old.

OBJECTIVE 3 To significantly expand the supply of transitional housing for those homeless people who need time and assistance stabilizing their lives and establishing their independence.

To accommodate homeless people in the process of re-stabilizing their lives and obtaining permanent housing, transitional housing offers long-term residencies (from three months to a year) with varying degrees of supervision and support. While residence in emergency shelters is usually limited to a few days or weeks, transitional housing allows a longer period of relative stability during which the homeless person may seek employment and permanent housing, secure benefits, and receive counseling in preparation for more independent living. Residents usually make some contribution to rent and service costs once they have secured work or benefits. However, because these contributions are generally far from adequate to cover expenses, transitional housing programs must be subsidized with public or private funds.

All but one Maryland jurisdiction have cited a need for transitional facilities — for families with children, for abused adolescents or those leaving foster care, for teenaged parents, for disabled people, recovering alcoholics and drug abusers, ex-offenders or for any homeless person with the potential for re-integration into the community.

Transitional housing, with its strong social service component, may be tailored to fit the needs of any of these special sub-groups or to accommodate a varied cross section of the homeless population. Supervision and support services may include job training, educational and financial counseling, medical and psychiatric assistance, advocacy for benefits, housekeeping and survival skills, to prepare residents for whatever degree of independence they can manage. Because facilities tend to be small and oriented toward self-help, residents may feel a greater sense of belonging and self-respect than they would in emergency shelters, which are generally much larger.

An under-developed resource, transitional housing could serve a great many of the homeless now competing for beds in emergency shelters *if more facilities were available*. Except for those people who are able to resolve their problems and find permanent housing very quickly, or those who are extremely incapacitated, most homeless people could benefit from the supportive, rehabilitative environment offered by transitional housing programs.

RECOMMENDATIONS

✓ *Over the next two years, the State should fund the operation of 100 new transitional beds throughout Maryland (operating costs: $912,500), and should provide a significant percentage of the capital costs for developing 5 new transitional housing facilities (approximate cost: $600,000).* Only eight jurisdictions have transitional beds; and of these eight, only one reports having an adequate supply.

The State should commit annual funding for community-based transitional facilities to serve disabled homeless persons awaiting placement in supportive housing.

OLDER FOSTER CARE CHILDREN The Independent Living Program has received $150,000 in State funds and $800,000 in federal moneys to assist foster care children in making the transition to independence. Under this program, every sixteen-year-old, with the help of a social worker, will develop a long-range plan in preparation for leaving the foster care home. Those who choose to pursue education or job training will be eligible to receive a monthly stipend.

With the tight housing market, it is increasingly difficult for young people leaving foster care on a limited income to find affordable apartments. The State should consider appropriating funds and DECD should work toward providing subsidized low cost housing for these adolescents.

DECD and DHR should offer joint funding for non-profit groups to develop and operate transitional housing and to provide accompanying support services. Recognizing the importance of such services to the success of transitional housing programs, the Massachusetts housing and social services departments have issued joint requests for proposals for the development of transitional facilities with both housing and service components.

The State (DHMH, DHR, DECD) should utilize existing programs that encourage and assist local communities in the development of transitional housing. For example, with DECD funds from low-interest loan programs — part of the Governor's Housing Initiative — organizations could renovate vacant school buildings or motels for use as transitional housing.

Local Boards *(see Objective 9)* should survey their emergency shelter

populations to determine the numbers and sub-groups of people who could use transitional housing.

Local departments of social services should work with emergency shelter providers to move homeless persons into transitional units whenever these become available, and should facilitate access to community resources and benefits.

DHR should provide or contract for case management services in transitional housing.

OBJECTIVE 4 To substantially increase the variety and availability of supportive housing for homeless people with special needs.

Maryland has a large number of citizens who are particularly vulnerable to becoming homeless, and particularly ill-equipped to break out of the cycle of homelessness. These people — the chronically mentally ill, the developmentally disabled, substance abusers, dispossessed adolescents, frail elderly, and people with multiple problems (e.g. physical and mental disabilities, mental illness and drug addiction) — need various kinds and degrees of support and supervision in addition to housing. In some cases, the need for supportive housing is temporary — a first step on the way to independence. However, where disabilities are chronic and severe, supportive housing may be permanent.

Sixteen Maryland counties report a serious shortage of adequately-serviced, community-based housing for disabled homeless people. The problem is especially severe in urban areas.

RECOMMENDATIONS

The State should significantly increase funding for existing supportive housing programs in private care homes. Programs such as Sheltered Housing (Office on Aging), Adult Foster Care (DHR). C.A.R.E. (Certified Adult Residential Environment DHR) — all of which can be used by elderly and / or disabled homeless adults — should be significantly expanded in FY 88.

✔ *The State should increase the number of beds in Project HOME (DHR), which houses both physically and mentally disabled adults in the community, and the Community Residential Rehabilitative Program (DHMH), which provides supportive housing for the chronically mentally disabled.* At present there are 6,500 chronically mentally ill persons in the community in need of this specialized housing, which offers a home-like, protective environment in a residential setting for one to eight people. Services to residents include room and board, housekeeping, laundry, assistance with personal hygiene, grooming and other activities of daily living. Care providers give emotional support and encourage independence, oversee the taking of medication, assist with transportation, and provide social and recreational opportunities.

The State's role in Project HOME has been to provide financial supple-

ments for disabled adults eligible for the program, and case managers (through DHR and DHMH) to help clients access services. Unfortunately, Project HOME's goal of providing 2,000 beds for chronically mentally ill persons throughout the State by the mid-1980's has not been achieved (approximately $13.4 million needed for 800 bed deficit); and there is an estimated shortage in Maryland of 4,500 beds. The Board urges that legislative and financial supports be put in place without delay.

During the next two years, the State should assess the unmet housing and service needs of the following groups of homeless people: drug and alcohol abusers, frail elderly, and adolescents released from foster care or separated from their families without adequate preparation for independent living. Once need has been determined, the State should actively support an expansion of housing and services for these people.

The Mental Health Administration (MHA) must re-allocate funds from State hospitals to community-based mental health facilities and supportive housing for mentally disabled persons. (see Objective 8)

Increased cooperation between DHMH, DHR, OA, and DECD is essential to ensure coordinated planning and the efficient use of available resources. Specifically, improved cooperation is needed between DHMH, DHR, and DECD in the development of supportive housing for disabled people, the provision of case management services, and long-range planning.

OBJECTIVE 5 To develop an adequate supply of low cost housing and a rental assistance program to meet the permanent housing needs of homeless and potentially homeless persons.

"As more and more of the utterly destitute are — for a myriad of reasons — pushed out of their homes and fail to locate permanent housing within their means, the ranks of the homeless grow and their composition diversifies. And unless *the dearth of affordable housing is recognized as the critical, limiting ingredient to any 'solution' to homelessness,* all the outreach, all the specialized services, all the shelters, all the newly-mounted concern, can only result in one thing: a permanently disenfranchized group for which 'makeshift' has become a way of life. (Kim Hopper, "Whose life is this, anyway?," *Urban and Social Change Review,* 1984)

While it is clear that the provision of decent affordable permanent housing will not eliminate all homelessness, it is equally clear that for many homeless people the severe housing shortage is *the* problem. For the more than 400,000 Marylanders living in poverty, the federal government's termination of housing subsidies has been disastrous. A shortage of low cost housing has been documented in every jurisdiction in Maryland, and waiting lists for Section 8 and subsidized housing are discouragingly long. In Baltimore City, where problems are most severe, there is a 15-year wait; in Prince George's County, up to 10 years; and in many jurisdictions, 3-4 years.

With the federal government's withdrawal of support for public housing, developers, landlords and public agencies have little incentive to plan and build low-cost housing. Gentrification, or the upgrading of aging neighborhoods, has exacerbated the problem by reducing the number of hotels, rooming houses, and other inexpensive units available to house the poor.

As new low-cost units are not being constructed and so many of the old ones are torn down or renovated for sale or rental at high prices, the competition for remaining low-cost housing becomes more desperate. Most of Baltimore County's nearly 13,000 low cost rental units are now occupied by people with moderate incomes. And the Maryland Housing Policy Commission, in its March 1985 report, predicted an alarming statewide deficit by 1990 of 38,900 units for households earning under $10,000. To make up this deficit and simultaneously provide subsidies so that poor families can afford to pay rent will cost approximately $175 million.

The federal government has shifted to the states the primary responsibility

for housing America's poor people. While the economic burden may seem overwhelming, the results of neglect — increased homelessness among them — will be far more costly in the long run.

RECOMMENDATIONS

✓ *The State should implement the recommendation of the Maryland Housing Policy Commission to increase funding for the Governor's Comprehensive Housing Initiative by $22 million,* in order to bring the level of funding for FY 88 to $60 million. The Board strongly supports the newly-enacted Housing Initiative as a significant commitment to offsetting a severe crisis in low-cost housing and stemming the increase in homelessness. However, the Board notes with serious concern that only $10.5 million of the $56 million originally proposed for the program has been made available from State General Funds. *If any impact is to be made on Maryland's serious shortage of low-cost housing, several Housing Initiative programs and goals urgently require more funds:*

- **The Low Income Rental Housing Production Program.** In addition to increasing funds, the State should target 50 percent of the new units constructed under this program to households with incomes below 30 percent of the median.
- **The Rental Allowance Pilot Program,** which provides six-month rental allowances for homeless persons. The Board recommends that CDA assess the effectiveness of this program after one year, and consider the following changes: revision of eligibility guidelines to include "the hidden homeless," i.e. poor families and individuals living in marginal or severely overcrowded conditions; and the extension of the six month limit for receipt of the allowance. Service providers have indicated that six months is usually not long enough for homeless people to overcome the many obstacles facing them in the search for affordable housing and jobs.
- **CDA's Construction Loan Program.** Increased funding should be set aside in FY 88 for the development of single room occupancy units (SRO's).
- **Goal 2** To improve health and safety in housing.
- **Goal 3** To provide no-interest or very low-interest loans to enable non-profit housing organizations to acquire, rehabilitate, build, and maintain low cost housing.
- **Goal 5** To increase housing support services for families with children, women in crisis, mentally ill and frail elderly people, and other homeless and potentially homeless people with special needs.

The State Community Development Administration (CDA) should develop a central repository of information about buildings that might be used to house the homeless. The roster should include state-owned buildings that are currently being leased to private citizens at reduced rents, abandoned properties, and buildings owned by municipalities, non-profit organizations, and private parties.

CDA should consider hiring a specialist in shelter/housing development to assist local governments and non-profit organizations in the establishment of residential programs and housing for the homeless. This specialist could also serve on the Interdepartmental Housing Council proposed by the Housing Initiative.

The State should consider offering matching grants to local governments for the creation of housing counselor positions in local departments of social services, community action agencies, or non-profit housing organizations. These counselors would have a thorough knowledge of local housing markets, would assist in preventing landlord tenant problems and foreclosure eviction, and help locate housing for the homeless.

✓ *The State's human services department (DHR/SSA/CSA), health department (DHMH) and housing department (DECD/CDA) should establish an Interagency Housing Team to make joint requests for proposals (RFP) for the development of low cost housing with support services for homeless people with special needs.* In a model program in Westchester, New York, The Special Needs Housing Demonstration Program, the state housing department and non-profit housing organizations work with human services and health departments to convert deteriorating structures into housing for disabled homeless people.

Local governments and housing authorities should ensure that information about available federal funds (CDBG) is readily accessible to non-profit organizations, and that the application process is open. This is especially important now that federal funding has been severely curtailed.

Larger urban areas should consider adding homeless families and individuals as a targeted population in their Housing Assistance Plan (HAP), a plan required by HUD in order to receive federal housing moneys.

All new facilities receiving State funds should consider accessibility for physically disabled homeless people.

OBJECTIVE 6 To augment the capability of the State to provide case management services to homeless persons.

Because homeless people often have complex needs and require the services of more than one agency, case management is of crucial importance in breaking the cycle of homelessness. Ideally, specially-trained case managers should be available wherever homeless and potentially homeless people are found — at shelters, soup kitchens and in public places — to help assess individual needs and develop a plan for services to meet those needs. Whether the client is a street person reluctant to seek help, a mental patient about to be released from a state hospital, or a poor family facing eviction, the case manager can provide essential guidance and act as a liaison in the securing of necessary services. Among those services are: advocacy for benefits, medical and psychiatric assistance, job training and employment, educational and financial counseling, and referrals for permanent housing. Once services have been secured, the case manager should maintain contact with the client in order to reassess needs periodically and monitor the quality of services.

The presence of a skilled, sympathetic counselor in the life of a homeless person helps to counteract the feelings of powerlessness so often experienced by the homeless. Not only does case management promote a humane approach to the problems of homeless people, it encourages and facilitates independence and should help to minimize the length and number of episodes of homelessness for any individual or family.

RECOMMENDATIONS

✔ *The State should significantly increase funding to expand the existing case management system in three DHR programs: Social Services to Adults (SSTA)*, a program which trains case managers and provides case management services to eligible single adults; *Adult Protective Services (APS)*, which provides shorter-term case management to vulnerable adults who are at risk because of abuse, neglect, or self-neglect; and *Services to Families with Children (SFC)*.

- SSTA — Currently understaffed (100 social workers for 6800 clients), SSTA needs 80 additional case management positions ($1.6 million) to meet the projected caseload for FY 88, not including case managers for homeless adults. The Board recommends the addition of another 20 case managers ($420,000) specifically trained and targeted to serve the

homeless. A staff client ratio of 1:15 would enable case workers to engage in aggressive outreach and crisis intervention, and intensive advocacy and counseling.

- APS — By FY 88, APS will have only 60 percent of the staff required to meet a projected 50 percent increase in cases. In addition to this 50 percent increase, there is an anticipated increase in the number of vulnerable homeless adults needing case management. The Board supports increased funding for APS staff which will enable the program to provide targeted services to vulnerable adults who are homeless.
- SFC — Increased personnel are needed to help homeless families, many of whom have no resources for shelter, food, clothing, or medical care. SFC needs intake service workers to make referrals and link families with benefits and case managers, and Intensive Family Services social workers to counsel families in crisis. The Board supports increased funding for staff to serve homeless and potentially homeless families.

DISABLED ADULTS Administered and sponsored by DHR/SSA with advocacy and legal groups in Prince Georges County, the Representative Payee Project is a successful program which helps disabled adults manage their finances. This service has been useful in preventing homelessness for clients who might have been evicted for failure to pay rents, or for those whose personal funds might have been depleted through mismanagement. The Board urges the State to expand it to other jurisdictions in addition to Prince George's County.

DEINSTITUTIONALIZED PEOPLE *The Board urges that no person be discharged from any public or private institution without plans and provisions for income, housing, and wherever necessary after-care.* In addition, every person leaving a mental hospital, prison, general hospital, foster care home, or special facility for mental disability or substance abuse should have an I.D. on file and benefits in place.

During FY 88, DHMH has requested funding to increase its case management staff so that *every person leaving a State mental hospital will have access to a case manager* (approximate cost: $2.9 million). The Board supports this increase, and urges DHMH to consider placing case managers in community health centers. These facilities currently have no case management staff.

DHR and DHMH should periodically evaluate the appropriateness of current living arrangements for deinstitutionalized people in the community.

PRISONERS AND EX-OFFENDERS *The Board recommends that the State expand funding so that four programs — Project CARE, Community Re-Entry, the DPSCS Multi-Disciplinary Program, and Work Release — may be more widely available to prisoners, parolees, and ex-offenders.* Planning for post-release job placement, benefits, and housing should help to reduce homelessness among this group.

- Project CARE (Cooperative Assistance and Resources for Employment) is a state-funded pilot program based on a Boston model. In operation in Baltimore as of July, 1986, Project CARE is primarily directed toward finding jobs for parolees and ex-offenders. In addition, the program will facilitate access to food stamps, medical assistance, income benefits, housing and health services.

  The Department of Correction has asked that Project CARE be expanded to include offenders serving sentences of a year or less, as well as long-term offenders.

- Community Re-Entry is a pilot program in the Baltimore City Jail funded by MHA (DHMH) and DOC (DPSCS). The program provides case managers to work with repeat offenders who are diagnosed as chronically mentally ill and are currently charged with minor offenses. Prior to discharge, case workers develop plans to help clients obtain appropriate housing, benefits, and medical services. The goal of the program is to assist with re-entry into the community and prevent recidivism.
- The Multi-Disciplinary Program — This model program places social workers in correctional institutions to make psycho-social assessments of inmates and their families, to help inmates plan for their time during and after incarceration, and to conduct group counseling sessions. The Board supports the DOC's request for funds to place 35 more social workers in the 5 prisons where counseling programs do not exist.
- DPSCS Work Release Program — The Board requests increased funding for this program so that more of the eligible prisoners in minimum security facilities can participate. Work release opportunities are currently available to less than 3% of Maryland's 12,600 prisoners.

State agencies such as DHR, DHMH, and the Office on Aging must develop outreach programs for the homeless. To assure that outreach services are accessible to all homeless people, staff should make scheduled visits to shelters, soup kitchens, and public places such as libraries, parks, bus and train stations where the homeless are found.

The State should consider funding case management positions through purchase of service contracts with private non-profit groups that operate shelters or transitional facilities. CONSERVE, a non-profit organization serving Washington D.C. and the Maryland metro counties, offers a model for this kind of contractual arrangement.

A knowledgeable representative from each local department of social services should sit on each local board on homelessness to help with planning for case management services. Based on current information supplied by the representative, the local board can make recommendations to the SSA for improvements to the case management system. Feedback and coordination between a citizens' group and the local DSS already exist in some counties: e.g. Anne Arundel County Shelter Action Group.

OBJECTIVE 7 To promote self-sufficiency for homeless and potentially homeless people through job-training and employment programs, legal counseling, transportation services, and day care.

According to the 1985 statewide Study of Homelessness in Maryland, unemployment has been the precipitating cause of homelessness for 28 percent of Maryland's homeless citizens; and seven jurisdictions have reported unemployment and poverty as the primary reasons for homelessness in their areas. Because so many people without incomes adequate to pay for housing and other living expenses become dependent on costly social service programs, the Board strongly supports job-training and employment programs so that homeless and potentially homeless people may be as self-sufficient as possible.

Though figures vary, two recent reliable studies of the homeless population indicate that 30 to 60 percent of all shelter residents are immediately employable. Unfortunately, most of the jobs available to these people — many of whom lack skills — pay only a minimum wage and offer no benefits or opportunities for advancement; therefore the cost of rent and security deposits may exceed a person's earnings, or leave little money for food, fuel, and other necessities.

Although existing public employment programs are officially available to homeless people, they are not geared to the special needs of this population; and, in many cases, they are inaccessible. Homeless people lack a permanent address, and generally have no provisions for transportation or day care. They may have only limited education and work experience, and little knowledge of job-search techniques or workplace discipline. Despite the fact that at least half of the homeless require extensive support and preparation in order to secure jobs, Maryland has no employment programs targeted to this group.

Federal retrenchment from many programs — e.g. day care, public transportation, legal aid — has left a funding void for services which are essential to unemployed and low-income people, more and more of whom are becoming homeless. A recent report by the Maryland Committee for Children indicates that the demand for day care exceeds its availability; and the shortage of subsidized day care slots prevents many homeless parents from holding jobs. While the State cannot assume the full economic burden for these social programs, state and local governments and the private sector must continue and expand cooperative efforts to promote financial independence for all employable citizens.

RECOMMENDATIONS

Using federal (Job Training Partnership Act — JTPA) and State dollars, the Department of Employment and Training (DET) should fund job-readiness, training, and employment programs in shelters and community agencies serving the homeless. In Philadelphia, a six-month demonstration project, Job Training for Shelter Residents, has found employment for 60 percent of the Program's participants. Operated by a non-profit group with funds from JTPA and a local government employment agency, the program provides job skills, job search techniques, placement, on-the-job training, transportation and day care.

The Governor's Employment and Training Council, which oversees the entire JTPA program, and the Governor's Task Force on Special Populations should fund job training and employment programs for Maryland's homeless citizens.

The DET should provide incentives to local Private Industry Councils (PIC) to use part of their JTPA funds to train homeless people for jobs. In Los Angeles, the Emergency Employment Opportunity Program uses JTPA funds, through local PIC's and local government, to provide placement for employable but unskilled homeless people.

Of the 10 percent of JTPA funds set aside for special populations, a portion could be used by DET for training and employment programs for the homeless.

The Board urges DET to act on steps outlined in recently signed cooperative agreements with DHR and DHMH: 1) to develop informational materials on job programs; 2) to conduct training workshops for DHR and DHMH staff; 3) to provide one trained DET staff person in each local office to work with disabled and disadvantaged persons, and those receiving public assistance but not served by other State employment programs. DET/DHR and DET/DHMH should serve homeless persons as well as displaced homemakers, battered spouses, teen parents, adolescents preparing to leave foster care, and persons receiving Intensive Family Services; and 4) to form liaisons with local DSS offices and shelters to improve access to DET programs for homeless people and to exchange information and expertise about creating jobs in the community for the homeless.

To improve re-training services and find jobs for Maryland's migrant workers, DET should continue to coordinate efforts with the Governor's Commission on Migratory and Seasonal Farm Workers.

DET staff should expand efforts in pre-release programs in prisons, State mental hospitals, and facilities for retarded people to provide job-readiness skills, job training and employment. These services are most likely to be effective if they are offered *before* a person has returned to the community.

The State Department of Education's Division of Vocational Rehabilitation (DVR), with increased State funding, should set aside a number of job-training slots for homeless people with severe mental or physical disabilities. In order to ensure that severely disabled homeless people have access to DVR programs, the Division should establish a formal link with area shelters to provide information workshops on job-readiness, and training and placement programs newly available to this group, and to help shelter staff connect eligible persons with their programs.

Each jurisdiction, with the cooperation of public and private sector agencies, should develop resource directories of local job-training and employment programs.

Because day care may be necessary in order for homeless parents to obtain jobs, the State should increase the number of subsidized places for day care for children of low income families, and give priority to homeless families when filling these places. In addition, the State should increase subsidy payment to day care centers to a competitive level so that they will be able to serve more subsidized children.

In at least 17 countries, the lack of public transportation presents a serious obstacle for homeless people seeking employment and benefits. Wherever possible, the State should contract with non-profit organizations to provide vans to transport homeless people to job opportunities and services.

In view of federal cuts for legal assistance to low-income people, the State should provide additional funding to Legal Aid, the Maryland Disability Law Center, Maryland Legal Services Corporation, and domestic violence programs for continued legal services to homeless and potentially homeless people, especially battered spouses, disabled people, and those who have been evicted.

OBJECTIVE 8 To improve the effectiveness of community-based programs providing medical and psychiatric services for homeless and potentially homeless people.

Since most of us take shelter for granted, it is perhaps worth repeating that homelessness is a condition fraught with immense physical and emotional risk. Not only does homelessness heighten exposure to the elements and disease; it saps the spirit and the will to act. Moreover, the lack of a stable residence creates unusual difficulties in the delivery of basic physical and mental health services.

Many homeless people are physically or mentally disabled even before the search for housing becomes their primary concern. According to service providers, in 1985 approximately 26 percent of those sheltered in Maryland had mental health problems and about 34 percent had problems with drug and alcohol abuse. And *all persons* who experience homelessness for an extended period, including the 22 percent of Maryland's homeless who are under 18, are subject to serious physical and mental disorders: nutritional deficiency illnesses, respiratory ailments, skin diseases, infections, injuries from accidents and physical violence, and mental stress leading to confusion, fear and depression. Untreated, these maladies often lead to illnesses which severely drain a person's strength and weaken his or her capacity to alter the homeless situation, thus increasing the probability that homelessness will be prolonged or permanent.

There are a number of special problems in the design and delivery of health care policies and services for homeless people. Many homeless people are ineligible for insurance; and those who are eligible often do not realize it, or may fail to apply because procedures are too complicated and time-consuming. While the homeless typically lack funds to pay for medical care, direct or third-party payments are required more and more often as the federal government and cost review commissions put pressure on medical facilities to contain costs. Thus, hospitals and Community Health Centers, which traditionally have provided medical care for the indigent, must show preference for paying clients over charity cases, in effect forcing the low-income uninsured out of the medical care system. Improved access to medical insurance for the homeless is essential if they are to receive much-needed medical and mental health services.

Another major obstacle to the delivery of health care to the homeless is the lack of transportation to service facilities, particularly in suburban and rural areas where no public transportation exists. In addition, the lack of a stable address precludes follow-up care and call-backs, or the use of the mails to deliver reports and forms. Vigorous outreach efforts are needed to bring services to such a widely-dispersed population.

The responsibility for basic health services for the homeless rests primarily with the public sector. The public sector, however, is divided into separate state and local departments, some of which have narrow eligibility requirements for the provision of services, and some of which simply lack services altogether. Because the homeless population is made up of diverse, and sometimes overlapping, sub-groups, there are many people who either do not fit existing public service categories or who must apply to several different bureaucracies for services. Recognizing the difficulties of providing medical and mental health care to the homeless in such a fragmented system, the State must develop comprehensive, innovative approaches to solving this problem.

RECOMMENDATIONS

HEALTH CARE *The State Department of Health and Mental Hygiene should assume major responsibility for providing health services for the homeless.* To date, the private sector, through the Robert Wood Johnson Foundation / Pew Memorial Trust Fund, has provided the only comprehensive thrust in this area with the development of its Health Care for the Homeless Program, which will operate until 1988 in clinics in two Baltimore City shelters. The Board recommends that the DHMH pick up funding in 1988 for this program, expand it to other urban areas, and restructure it for rural jurisdictions.

DHR/IMA and DHMH should expand outreach efforts to enroll eligible homeless persons in medical insurance programs, such as Medicaid and State Medical Assistance (MASO). Specifically, DHR/IMA should provide medical assistance applications in all shelters and soup kitchens, and train staff of these facilities to help homeless people fill out lengthy applications. DHMH should consider funding ombudsmen to assist in gathering documentation in this difficult process of eligibility determination.

Health and social service workers should be advised of an important change in the policy of eligibility for medical assistance: for the past three years, shelters, soup kitchens and other community service agencies have been accepted as mailing addresses for homeless persons receiving benefits.

To improve access to medical assistance benefits for homeless people, DHMH should consider liberalizing the eligibility process for Medicaid and MASO, and establishing "presumptive eligibility" for four months for homeless people. New York City's Human Resources Administration is currently conducting a demonstration project which helps medically needy homeless people obtain benefits (Medicaid) without lengthy delays. Teams of social workers and medical personnel visit shelters and soup kitchens to interview applicants and fill out medical history forms. Application and documentation requirements for these applicants are somewhat simplified; and, if an applicant is found to be eligible under these modified requirements, he is granted "presumptive eligibility" for four months (instead of the usual six) while further processing continues in accordance with standard procedures. Thus, a medically needy homeless person is presumed to be eligible and may receive benefits immediately while awaiting final eligibility determination.

The Board urges the DHMH to develop a comprehensive State Health Care Plan for uninsured and under-insured people. Until such a plan is in place, the State should consider raising the income level for eligibility for Medicaid to 100% of the federal poverty level ($11,000 for a family of four; $5,360 for a single adult) so that more of Maryland's low income and homeless people would be able to receive Medicaid. Current eligibility is limited to families of four with incomes of $5,100 or below.

The Board supports cooperative efforts of DHMH and the Primary Health Care Association, an organization representing the eleven Community Health Centers in Maryland, to improve access to basic health care for the uninsured and under-insured. With a federal grant of $100,000, these groups have already accomplished a number of objectives. They are currently considering proposals to change state insurance laws so that basic health care would be included in all health insurance policies. They are also considering the establishment of a primary health care trust fund for people without coverage.

The Board recognizes the potential of Community Health Centers for serving indigent populations, and urges the State to consider these centers as a valuable resource for delivering health care to the homeless.

✓ *DHMH should consider providing mobile health vans to treat homeless people on site in shelters, soup kitchens, and public places, and to transport those with serious health problems to hospitals.*

Local health departments should send visiting nurses into shelters and transitional facilities to evaluate medical problems, supervise medication, and treat minor illnesses, and to provide follow-up care after a person is settled in permanent housing. This type of outreach service already exists in several jurisdictions, and should be more widely available throughout the State.

Shelter providers and hospital staff have identified a need for respite care beds for people who are well enough to leave hospitals, but too ill to care for themselves. It is particularly unrealistic to expect a homeless person wandering the streets to follow a doctor's instructions for diet, medication and bed rest. *Therefore, the Board urges the development of respite care beds in areas where they are most needed.*

✓ **MENTAL HEALTH CARE** *The Mental Health Administration must reallocate funds from State mental hospitals to community health facilities, and supportive housing for mentally disabled persons.* Currently, about 80 percent of the mental health dollars still support operation of the State hospitals, which house only about 10 percent of Maryland's chronically mentally ill.

While the Board strongly supports the broad outlines of the MHA's Five Year Plan for deinstitutionalization, it believes that MHA must adopt a specific schedule for the expeditious transfer of funds.

DHR and DHMH should designate personnel from local departments of social services to communicate regularly with State mental hospitals about social needs, housing, and benefits of patients preparing for discharge. While ad hoc liaisons do exist in a number of jurisdictions, a more formalized system would help to ensure patients' successful re-entry into the community.

The Board supports the DHMH request for funding in FY/ 88 to increase its case management staff so that *every person leaving a state mental hospital will have access to a case manager* for aftercare planning and follow-up services.

The Board supports DHMH's efforts to pilot a "conditional release" program, which requires persons involuntarily committed to state mental hospitals, as a condition for discharge, to adhere to a prescribed treatment plan in a community setting. The program, to begin the fall of 1986, will be time-limited and should be carefully monitored to determine its effectiveness.

The Board supports the efforts of DHMH to provide prompt and effective mental health care for the homeless in Community Mental Health Centers. During FY 88 DHMH has requested funding to place case managers and crisis intervention teams in these facilities, and has sought priority status for the homeless mentally ill. Currently, neither case management nor crisis intervention is available in Community Mental Health Centers. Though persons leaving State mental hospitals do have a priority for their first mental health appointment at the CMHC, there is normally a delay of several weeks before the appointment date. Therefore, it is not unusual for homeless people to miss this first appointment; and, because they have no permanent addresses, the CMHC loses track of these patients even before treatment begins. The Board urges that initial mental health appointments be scheduled immediately following release from hospitals.

Community Mental Health Centers (CHMC) should designate staff to act as liaisons with all shelters and soup kitchens in their catchment areas, as well as with community programs serving battered spouses, homeless adolescents, drug and alcohol abusers, and ex-offenders.

Community Mental Health Centers should promote exchanges of information ("networking") among services, programs, and providers in their catchment areas.

DHMH, using CMHC or private contractors, should train personnel of shelters and meal programs to recognize signs of impending crisis and intervene effectively. In addition, personnel should be taught to manage medications, fill out medical assistance applications, and obtain appropriate mental health services for homeless clients.

DHMH has acknowledged that, among some staff members in Community Mental Health Centers, prejudicial attitudes exist about chronically mentally ill persons, especially those who are homeless. The Board urges that CMHC staff be carefully trained and grants be monitored to ensure that chronically mentally ill homeless persons will be encouraged to participate in CMHC programs.

DHMH/MHA should fund on site mental health services, including psychiatrists, at specific shelters as part of the Health Care for the Homeless Program (see above), to evaluate and treat residents, monitor medications, and make referrals for appropriate mental health services.

DHMH should utilize all appropriate health service agencies (CMHC's, local health departments, non-profit agencies) *to provide mobile crisis intervention teams in shelters, soup kitchens, and on the street.*

DHMH MHA should provide a 24-hour hot line for mental health crises at shelters and soup kitchens. Emergency psychiatric consultations and support services are crucial for providers serving mentally ill homeless persons, and for local police who are often called to handle such emergencies.

DHMH should develop a Health and Mental Health Resource Directory listing all local health facilites and crisis intervention services, with names of contact persons and phone numbers.

The Board supports the efforts of DHMH to develop respite beds for mentally ill persons experiencing a crisis while living in the community. A valuable resource for shelter providers, respite care beds with trained staff would offer a supportive setting while the patient stabilizes, and an alternative to inappropriate hospitalization. Respite care staff would assist persons in finding appropriate permanent housing once the crisis has passed.

OBJECTIVE 9 To foster cooperation and coordination among all levels of government and all responsible State agencies, business and community organizations concerned with homelessness and related issues.

Because homelessness is a multi-faceted problem affecting a diverse population, there are many agencies and organizations dealing with the various aspects of the issue; and no single State agency has ultimate responsibility for the welfare of Maryland's homeless citizens. While shared responsibility may be necessary in dealing with such a complex problem, the lack of a comprehensive approach with integrated planning often leads to inefficiencies and failures in the system.

For example, according to the 1985 statewide Study of Homelessness in Maryland, "The lack of coordination is most clearly seen in unsuccessful attempts to serve the dually diagnosed homeless client" (i.e. one with a combination of problems, such as mental illness and retardation, or mental illness and alcoholism). Where there is no integrated approach to homeless services, the "dually diagnosed" may be neglected as agencies, unclear about who is responsible, fail to respond to the client's needs. With comprehensive planning and centralized responsibility, such failures would be less likely to occur.

Throughout the preceding objectives, the Board has recommended cooperative programs and planning efforts involving federal, state, and local governments; state agencies; the public and private sector; and neighboring jurisdictions. In order to prevent homelessness and help homeless people move as quickly as possible through the continuum of services from emergency to permanent housing, all responsible agencies and organizations in the public and private sectors must be mutually supportive and work toward certain agreed upon goals. Therefore, the Board strongly urges the establishment of planning and policy consortiums on both the state and local levels. Proposals for a state interagency planning and policy group and local homelessness boards are described in some detail below.

RECOMMENDATIONS

✓ The Board urges the Governor to appoint an interagency planning and policy body including senior representatives from key state departments concerned with homelessness and related issues — human resources (DHR), housing (DECD) health (DHMH), employment (DET), vocational rehabilitation (DVR), and corrections (DPSCS). The Governor should designate a member of his executive staff as chairperson of this group, which would be responsible for addressing service gaps and coordinating programs for the homeless to avoid unnecessary duplications and to ensure the most effective delivery of services.

Each separate state agency serving the homeless should collect data on the number of homeless clients served and the services provided. DHR agencies should collaborate on the development of the data system to ensure comparable data. DHR should assume responsibility for pulling together an inter-agency committee to develop a plan for data collection.

See Objectives 1-8 for other specific recommendations for cooperative inter-government and inter-agency planning and programs.

✓ *Local governments should form local boards on homelessness to be responsible for assessing the needs of their local homeless populations and planning an adequate response to these needs.* This community-based structure should be made up of representatives from public agencies (local DSS, health and police, charitable/religious groups, community service organizations, business interests, and, if possible, someone who has experienced homelessness). Local boards on homelessness could be set up in a variety of ways. For example, in jurisdictions where no other responsible agency exists, the local department of social services' advisory boards should provide the nucleus for these homelessness boards, but membership should be expanded to include people with a variety of related interests and expertise.

The primary role of the local homelessness boards should be to assess needs for emergency and transitional housing, case management and support services; and to develop policies and plan programs within their own jurisdictions and, possibly, in cooperation with neighboring jurisdictions. Local boards would also inform the State about local problems and submit proposals for funding. Because situations vary from county to county, community-based planning is most likely to lead to well-directed efforts to solve specific local problems. In addition to local needs assessment and planning, local boards should consider the following initiatives:

- appoint a resource development coordinator in local government to help create a local resource guide and resource referral center for homeless services.

- establish a network of agencies and service providers to ensure that available resources are well publicized.
- encourage local PIC's to develop private sector jobs for homeless people.
- examine issues related to the siting of shelters, transitional and low-income housing – i.e. prohibitive zoning laws and negative community attitudes.

In neighboring jurisdictions, where problems may be similar and resources somewhat limited, *organizations can work together to form regional coalitions and networks*, as is being done in Central Maryland, Frederick, Prince George's, and Montgomery counties.

The Board encourages the sharing of information through a statewide newsletter on issues, policies and programs for the homeless. The national Committee for Food and Shelter, Inc., publishes such a newsletter in order to promote a useful, stimulating exchange of ideas and information among government and private organizations.

The Board recommends a stronger working partnership between state agencies and providers of emergency shelter and transitional housing. DHR and DHMH should: 1) organize training sessions on service coordination and advocacy techniques for the staffs of shelter and meal programs; and 2) establish a hot line whereby providers may obtain information or assistance in emergencies.

A CONTINUUM OF SERVICES

This model illustrates the continuum of services required to respond effectively to crises and help homeless people re-establish themselves in the community. It presents an ideal picture — one which has been realized only imperfectly so far. Because of severe shortages of case management personnel, facilities, and affordable permanent housing, many people are trapped in the most dependent and unstable "emergency" condition, and never make the transition toward greater self-sufficiency.

Emergency shelter, food, and clothing are essential for immediate survival, but will not be sufficient to break the cycle of homelessness for most people. Case management services provide the crucial link between the homeless person and a stable life in the community. Once an individual or family has been temporarily housed in a safe, humane shelter, a case manager/advocate may begin to assist in planning for more permanent solutions. Functioning as a liaison and guide in the complicated maze of social agencies and housing programs, the case manager will help clients obtain appropriate public assistance benefits and housing, and will help arrange for necessary health, mental health, and employment services. Ideally, the case manager will follow up and monitor the quality of services a client receives, and periodically reassess the client's needs.

The transition from temporary to permanent housing can be accomplished *only if enough appropriate and affordable housing exists.* Because the homeless population is so varied, there must be a variety of suitable options. For many homeless people, low-cost subsidized housing will be the answer. Others — the mentally or physically disabled, substance abusers, youths and frail elderly — require various kinds of supervision and special living arrangements. For the majority of individuals and families attempting to stabilize their lives and establish independence, job-training and or employment assistance are essential.

Clearly, prevention is the least costly approach to the problem of homelessness. Any programs which forestall evictions, assist with relocation, and provide adequate public assistance grants, employment or benefits for people who need them will help to reduce the number of homeless citizens. And the development of low-cost housing, currently in short supply everywhere in Maryland, is crucial for the state's poor people, many of whom are unable to find affordable places to live. Unfortunately, prevention programs are the weakest part of the continuum in Maryland at this time.

A MODEL FOR A CONTINUUM OF SERVICES

PREVENTION

- adequate income assistance
- food stamps, fuel and medical assistance
- eviction prevention/housing counseling
- emergency assistance
- information and referral
- community education
- advocacy
- employment and training

CRISIS RESPONSE

- emergency shelter
- food and clothing
- financial assistance
- information and referral hot line
- medical and psychiatric intervention
- transportation

INTERMEDIATE RESPONSE

- transitional housing
- temporary supportive housing
- health, mental health, and social services
- employment and training
- day care services

PERMANENT RESPONSE

- affordable housing
- residential hotels and lodging houses (SRO's)
- supportive housing
- employment

CASE MANAGEMENT

Based on a chart developed by:
Nancy K. Kaufman
Executive Office of Human Services
Commonwealth of Massachusetts
11/85

WHERE DO YOU GO FROM Nowhere

A study of homelessness in Maryland commissioned by the Maryland Department of Human Resources conducted in 1985 by the Health and Welfare Council of Central Maryland

EXECUTIVE SUMMARY

August, 1986

Not only are there more homeless people in Maryland and throughout the United States than at any time since the depression of the 1930's; the homeless population is now more diverse, and includes individuals and families who are without shelter for a variety of reasons. Shelter providers report increasing numbers of the "new poor" — persons with long work histories who have lost their permanent housing because their jobs have disappeared and/or their benefits have expired.

In Maryland, where the homeless population closely resembles that of other states, racial minorities are disproportionately represented: 48 percent of the homeless seeking services are in this group, though they comprise only 23 percent of the state's population. Approximately one-third of the homeless population served in FY85 reported problems with alcohol or drug abuse, and one-fourth of the total reported mental illness—sizable percentages, but not the majority, as many people believe. Families represent 28 percent of the homeless served and people 30 years old and under represent 58 percent, the largest subgroup.

Maryland's homeless citizens are diverse

- In Baltimore City, a young mother with two children under three years of age could not afford to pay for rent with her $313 monthly public assistance allotment. She wandered the city streets with her children for a year before getting a place at Viva House, West Baltimore's nine-bed shelter for homeless women. Because this is a temporary emergency facility, they were able to stay only three weeks.
- An Eastern Shore man, after moving his family to Baltimore County in search of employment, was unable to find either work or shelter. He is living with his wife and two teenaged sons in an abandoned bus.
- A retired carpenter from Prince George's County, with no family ties and only a meager pension and Social Security benefits, is unable to afford permanent housing. He travels constantly.
- A middle-aged man from Western Maryland, after five years in a state mental hospital, is released with an aftercare plan that includes living arrangements in the home of relatives. A catastrophic illness in the family makes it impossible for them to keep him. He is not entitled to SSI benefits and, without income, housing or employment, he wanders from one emergency shelter to another.
- A family of five, driven out of their substandard apartment by rats, has been staying at a temporary shelter for weeks while they search for a decent, affordable place to live.
- An 18-year-old Annapolis girl, released from foster care but unprepared for her independence, is unable to find a job or a place to live with friends. Completely without resources, she has spent the past six months in a series of emergency shelters.

Numbers and distribution of Maryland's homeless

Since 1983 there has been a 45 percent increase in the number of persons sheltered in Maryland, with shelter providers reporting over 28,000 homeless persons served in 1985.

On *any given night* during FY85, about 2,900 Marylanders were homeless. Of these, approximately 1,200 sought shelter from service agencies and, on an average, 998 were given a bed for the night. An estimated 1700 persons never apply for services, often because adequate and appropriate services do not exist in their areas.

Baltimore City, where almost half of Maryland's poor people live, has the largest concentration (40 percent) of homeless people in the state. Other large concentrations of the state's homeless people are to be found in Metropolitan D.C. (22 percent) and the counties of Central Maryland (20 percent).

While rural jurisdictions with minimal services report fewer homeless citizens — Western Maryland has 9 percent of the State's homeless, Southern Maryland has 4 percent, and the Eastern Shore has 5 percent — there are uncounted numbers of "invisible" homeless people sleeping in abandoned barns, chicken coops and cars, under bridges and in the woods. *These statewide statistics do not include the many potentially homeless families and young people living either on the brink of eviction or already doubled up with friends and relatives for shelter, unable to afford places of their own.*

Factors contributing to homelessness

One of the most common misconceptions about homelessness is that people are without housing because they prefer to live that way. When an occasional street person refuses emergency shelter, the media may publicize the episode without asking disturbing questions about how the person came to be homeless in the first place.

In Maryland, 52 percent of those receiving shelter cited eviction or unemployment as the precipitating cause of their problems. Despite the drop in national unemployment statistics, there are still many unemployed and severely underemployed Americans living on the economic margin. And many unemployed people are not counted because they have despaired of finding work and have stopped looking.

Although Maryland is one of the wealthiest states, ranking 6th in per capita income, its public assistance payments rank only 27th in the nation. Current AFDC grants, supplemented by food stamps, provide only 78 percent of the income required for a minimal living standard (the State Standard of Need). GPA grants for single disabled adults are even lower, meeting only 58 percent of the Standard of Need when combined with food stamps. These grants are usually inadequate to cover the cost of housing and leave little or no money for other necessities such as food, fuel, clothing, and medical care.

For the more than 400,000 Marylanders living in poverty, the federal government's termination of housing subsidies has been disastrous. *A shortage of low cost housing has been documented in every jurisdiction in Maryland,* and waiting lists for Section 8 and subsidized housing are discouragingly long. In Baltimore City, where problems are most severe, there is a 15 year wait; in Prince George's County, up to 10 years; and in rural St. Mary's, Calvert, and Cecil counties, 3 to 4 years.

Gentrification has exacerbated the problem in many places. The upgrading of aging neighborhoods has frequently led to a reduction in the number of hotels and rooming houses available to house the poor. *The Maryland Housing Policy Commission, in its March 1985 report, predicts a statewide deficit by 1990 of 38,900 units for households earning under $10,000, many of whom are single parents, blacks, and elderly people.*

Approximately one-fifth of homeless persons receiving shelter in FY85 had been deinstitutionalized from a variety of facilities (mental hospitals, general hospitals, nursing homes, prisons) without a plan to provide them with transitional housing or

support services. *The deinstitutionalized chronically mentally ill, while not as numerous as they are generally perceived to be, represent a particularly vulnerable and needy sub-group of the homeless population.* Since the mid 1950's, Maryland has been releasing long term patients from State mental hospitals, reducing the number of admissions, and shortening stays, as part of the nationwide trend toward community based mental health care.

Unfortunately, while the hospital population has been substantially reduced, the State has not developed a community-based care system (including out-patient mental health services and supervised living arrangements) adequate to replace hospital services. Until the establishment in 1979 of Project HOME, the Department of Human Resource's program to find housing for deinstitutionalized mentally disabled people, few programs existed for this group; and people ill-equipped to cope with independence were being returned to society with almost none of the essential supports.

State mental health officials acknowledge that over 80 percent of Maryland's mental health funds are being used to care for the small portion of seriously mentally ill people residing in State hospitals. This leaves a large number of the chronically mentally ill almost without resources; and, for many of those people, emergency shelters, without trained mental health personnel, are becoming the institutional alternative to State mental hospitals. The transfer of a greater percentage of State funds from State mental institutions to community-based support systems seems an urgent prerequisite to the changing approach to mental health care.

Inadequate funding has not been the sole obstacle to the appropriate placement of deinstitutionalized mentally ill people in the community. Neighborhood resistance to the presence of halfway houses, group homes, soup kitchens and shelters has been very strong; and restrictive local zoning ordinances often prevent the establishment of such facilities. Any nearby facility for homeless people is generally seen as a threat to the image of the surrounding neighborhood. *Public education is needed to reduce fear and prejudice.* At the same time, to eliminate any realistic basis for neighborhood anxiety, *high standards of care must be developed and maintained within facilities.*

Without supervised housing, deinstitutionalized homeless people—not only the mentally ill, but elderly people coming out of hospitals and nursing homes, ex-offenders released from prison, substance abusers in the process or in need of rehabilitation — are most likely to end up as sterotypical homeless "bums," sleeping in alleys and doorways, and often arrested and jailed for petty crimes.

According to service providers, 16 percent of the homeless people served in FY85 cited family conflict as their primary reason for seeking shelter. Domestic violence, alcoholism and drug abuse often lead to separation, leaving one or more family members, not merely homeless, but urgently in need of a range of special rehabilitative services and case management. For victims of spouse abuse, facilities are far from adequate despite a growing awareness of the problem.

Last year, in Baltimore City —in one shelter alone—there were over 1,000 women, many of them with children, who could not be sheltered. Some counties have small emergency shelters specifically for victims of spouse abuse; but many jurisdictions are able to provide only motel rooms - a costly and inappropriate expedient. And length of stay is usually restricted to a few weeks, not enough time to deal with the multiple problems facing these women and their children. Currently some effort is being made to develop transitional facilities where victims of family violence may remain for several months while they stabilize their lives and look for permanent solutions to their problems.

Government response to homelessness

Recognizing the increasing numbers and diversity of the homeless population, the 1984 General Assembly initiated legislation (HB 1415) to

establish a State homeless service program — The Shelter, Nutrition, and Service Program for Homeless Individuals in Maryland. Funds for the program, administered by the Department of Human Resources, were acquired from State General Funds. The bill provided $480,000 in FY85 and $502,000 in FY86 to expand and plan for services for the homeless.

In addition, the Governor appointed a 16 member Advisory Board consisting of two members from each congressional district. A varied group of representatives from community agencies, charitable organizations, private provider groups, and interested citizens, the Board is charged with the responsibility for advising the Department of Human Resources on the distribution of funds, planning, and policy issues. Since September, 1984, the Board has held monthly meetings in various jurisdictions to receive testimony from local service providers throughout the state.

HB 1415, the first significant legislative move to address the needs of homeless people in Maryland, has established the necessary framework for action. *However, government is clearly the minority partner in funding services, with more than two-thirds of all shelter services provided in FY85 funded by charitable and religious organizations and private donations.* The State supports about one-sixth of all shelter services provided and the remaining one-sixth are funded by the federal and local governments.

At present, there is no national policy or agency which addresses long-term considerations and underlying causes of homelessness. The only major commitment by the federal government to assist homeless citizens has been placed under the administration of the Federal Emergency Management Agency (FEMA)—an agency which deals with floods, hurricanes, and comparable disasters. Consistent with FEMA's orientation toward emergency services, Congress has appropriated funds for its Shelter and Food Program with stipulations that these funds be used only for emergency needs. On an ad hoc, year-to-year basis, outside the normal legislative process, Congress has appropriated FEMA funds to assist the homeless, a pattern which has inhibited long-range planning by local service providers. Also, while it does provide desperately needed dollars, the program has proven extremely cumbersome and expensive to implement. Based on a complicated voucher system, the distribution of grants requires its own bureaucracy in each state to handle all the paperwork.

Meeting the needs of Maryland's homeless citizens

Although the number of shelters has increased substantially since 1980, many people are still turned away from service. *In FY85 almost 200 people **per night** were reported turned away from shelters because of a lack of beds.* (Because many shelters do not record turnaways, the actual figure is probably much higher.) An estimated 1,700 homeless people ***per night*** do not even apply for shelter, because the appropriate facilities often do not exist in their jurisdictions. Statewide, there are 8 jurisdictions without shelters of any kind; 11 without shelters for men; 8 without shelters for single parent families; 21 without shelters for youth; and 17 without transitional housing permitting 3 to 12 month residences. In jurisdictions where formal shelter facilities do not exist, or are overcrowded, the local departments of social services provide some emergency placements in motels or boarding houses. This response is often inadequate and inappropriate for the homeless person or family, in addition to being extremely costly.

The State Homeless Services Program represents a major commitment by the State government to address the needs of the homeless and has several important objectives, the foremost being the development of a continuum of housing options for homeless people, with a full range of case management services. While an adequate supply of permanent low-cost housing would answer the needs of a majority of Maryland's homeless and potentially homeless populations, *a substantial increase also must*

be made in the state's capacity for short term shelter and transitional housing. More supervised facilities are needed for the mentally ill, physically disabled, and frail elderly; more halfway houses and group homes for alcoholics and drug abusers. In addition, specialized housing programs must be expanded for the growing number of battered spouses and children, runaway or abandoned youth, single men, ex offenders and two parent families. Facilities should be geographically distributed to ensure that rural as well as urban homeless citizens are being cared for, with no jurisdiction bearing an unfair burden for neighboring counties.

Almost without exception, people in need of shelter also require food and, in most cases, case management, a service which includes: referrals and sometimes more extensive help in finding permanent housing, and job training and employment; advocacy for benefits; medical and psychatric assistance; and educational and financial counseling. Not only do case management services promote a humane approach to the problems of homeless people; but they serve to minimize the length and number of episodes of homelessness experienced by any individual or family. *Thus case management should not be overlooked as a critical element in breaking the cycle of homelessness.*

Unquestionably, facilities such as emergency shelters are an absolutely essential response to the current homelessness problem. However they constitute, at best, only stop gap, costly, relief responses; and they should not be seen as acceptible substitutes for low cost permanent housing and supportive housing. *These alternatives must be made available to our homeless citizens if they are not to be relegated to a second-class status in our society.* Because the problems of homelessness are so closely linked with poverty, unemployment, and housing shortages, legislative intiatives are essential to: ensure an adequate supply of affordable housing; expand rent/mortgage subsidies and food programs; develop job training programs; and upgrade public assistance grants so they meet minimum subsistence levels.

There is an urgent need for cooperation and coordination among all responsible parties concerned with homelessness. *The public sector, at all levels, must assume greater responsibility for this problem and must augment funds* from the private sector. Non profit and small charitable organizations often establish vital programs, only to have them cut back or eliminated because of a shortage of funds. Within each jurisdiction, the local government, public service agencies, and private organizations can pool knowledge and other resources to ensure the most effective delivery of services. Neighboring jurisdictions, where problems may be similar, but resources somewhat limited, can work together to develop regional programs and facilities, as is currently being considered in several Maryland counties.

If the ultimate objective of the State Homeless Services Program is to reduce the incidence of homelessness, all agencies dealing with related issues such as economic development, welfare, housing, education, health care and job training must be involved in the creation and implementation of long term strategies. Unless effective action is taken to deal with the whole range of devastating social problems leading to homelessness, more and more Maryland citizens — families and young people among them — will be consigned to wander the streets, destitute and dependent on costly emergency services.